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CONFIRMATION NO. 9737

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/693,115 10/20/2000 ABN \* CS

and is a CIP of 09/518,041 03/02/2000 CS

and is a CIP of 09/590,925 06/09/2000 PAT 6,817,028 CS

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/17/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	GA	DRAWING 31	CLAIMS 54	CLAIMS 4
Verified and Acknowledged	<i>Clyde W. Hause</i> <i>CT</i> Examiner's Signature Initials				

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## TITLE

Interactive program guide configuration system

- All Fees  
 1.16 Fees ( Filing )

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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